

September 2003

Narrative Research Project

Phase 1 Report: Research as Retelling

(2002-2003)

A collaborative project

**BRIEF THERAPY TRAINING
CENTERS-INTERNATIONAL™
HINCKS-DELLCREST CENTRE**

**FACULTY OF SOCIAL WORK
UNIVERSITY OF TORONTO**

Context and Aim

In September 2002, a research collaboration was initiated between the *Brief Therapy Training Centers-International*, a division of the Hincks-Dellcrest Centre and the Faculty of Social Work at the University of Toronto. The research team consisted of: Jim Duvall, Ellen Katz, and Eric King at *BTTC-I/HDC*; Adrienne Chambon and Faye Mishna from the Faculty of Social Work, and Laura Béres, as Research Associate.

The Brief Therapy Extern Program at the Hincks-Dellcrest Centre is a highly successful therapy and training program which uses predominantly a brief form of Narrative Therapy. It has been delivering service to both people seeking therapy and trainees for a number of years. The aim of this project was to begin to further develop narrative research activities as part of the program. The Hincks-Dellcrest Centre funded a Research Associate position for the project during this year.

This exploratory work represents one of the first attempts to empirically examine therapeutic processes and therapeutic change and to contribute to the development of research and literature regarding Narrative Therapy. Despite the popularity and recent proliferation of literature on Narrative Therapy, there is a lack of research on this therapeutic approach. The focus of this beginning, exploratory phase was to document educational and therapeutic practices and principles that lead to successful therapeutic interactions within the *Advanced level, Brief Therapy Extern Program* at the Hincks-Dellcrest Centre, during the academic year 2002-2003, with 12 therapists-trainees enrolled in the program that year.

Objectives

The objectives of this exploratory phase were three-fold:

- 1) Observe and describe the practice as it is happening.
- 2) Identify key concepts and develop a language for the approach.
- 3) Develop 'products' to document practice and begin to generate resources for research.

Methodology

The research approach that was taken was a non-intrusive, naturalistic, anthropological approach that attempted to stay close to the actual practice. The logic of the inquiry was to be congruent, or isomorphic, with the approach used in therapy.

The Research Associate immersed herself in the process and attended the various activities of learning, including the didactic sessions, the client sessions, the therapist debriefings, group supervisions, and other activities that were part of the training days. A set of field notes was generated from these observations.

An additional procedure was initiated, as a result of discussions in the research team, to document the shared meanings that emerged among the participants. The activity of community journaling was introduced, whereby at the end of each training day, the group reflected on their key learning moments of the day. These reflections were documented in a group journal.

An attempt was made to include individual reflections by the trainees. Realizing that reflections can occur outside of the training itself, a list-serve was developed to encourage an exchange of views in-between training days and was actively used for these purposes. It continues to operate but now as a method for the graduated trainees to keep in contact and arrange for on-going meetings.

Existing instruments for intake and assessment, post-session rating scales, and the *Child and Family Assessment Scale (CAFAS)* forms were included as part of the review of practice.

The research team met on a periodic basis to review progress, to name the issues, and to further plan.

Findings and Outcomes

The Language of Therapy

a. Concept Map of the Narrative Therapy Process

The concept map of core concepts used in this program was developed inductively based on field notes, conversations, and the group journals. It maps out the concepts that are used recurrently in the program. It organizes them dynamically to reflect the process of therapy. It also differentiates between general principles and specific conceptual tools or practices. The map includes the different interactions, i.e., family members, therapists and reflecting team; also the broader context and institutions.

b. Challenges To A Common Therapeutic Language

Language is thought of as a critical dimension in narrative approaches to therapy, as language is intricately tied to practices. The research team identified, as a challenge, the development of a common language to speak of and to do therapy. We recognized that practitioners come from different traditions and have engaged with various theories and concepts. While these differences need to be honored, at times they may result in tensions and a felt sense of contradictory orientations in practice and in training. There was also a belief that some of the underlying principles of various theories could be bridged.

Clarification, attempts at ‘translation’ and recognition of divergences need to be worked out in practice and in training. The process of documentation through research may be making these differences more visible; to that extent, it can serve as a mechanism for further clarification.

Critical Concepts and Practices

Of the principles, concepts and practices that were identified, three elements stood out as particularly meaningful based on the field notes, the reflections by trainees in the group journals, and the discussions in the research team. These core features will serve to frame the next stage of the research.

a. Circulation of Language In Therapy

A number of statements referred to the dynamic transformation of narrative through language, and the usefulness of tracking language in the session. Family sessions, debriefings, and the viewing of tapes further underscored the importance of the process, and provided illustrative examples for learning.

Listening carefully to the details of the language clients use is essential in helping to center clients and to decenter the therapist. By listening carefully, therapists begin to gain a sense of what language is transformative for the client. They can build on that by selectively using the clients’ language. In a number of therapeutic encounters, we noted that family members and therapists tended to develop a shared language that opened up new meanings. This new language became a reference point in following sessions.

An important finding was the differentiation between transformative metaphors, which open up alternative narratives, and “stuck” metaphors, which sustain “frozen narratives.” Thus, evocative language -- which is generally valued in narrative approaches -- is not necessarily transformative in and of itself. In some instances, using the client language can reinforce the problem-saturated story line.

Tracking the circulation of transformative language that occurs in the multiple conversations and feedback between family members, family members and therapist, reflecting team-family-therapist, can illuminate the emergence and the consolidation of new meanings and interactions, i.e., the creation of new narrative possibilities.

b. Pivotal Points and Epiphanies

Pivotal moments are powerful moments that crystallize the transformation of meaning in therapy, and that are acknowledged as turning points or epiphanies. They may occur between therapist and family members; between family members as part of the conversation with the therapist facilitating; or with the reflecting team.

These pivotal points are moments when significant shifts in understanding take place. They often imply looking at things differently, and adopting a different angle or point of view. They seem to mark the beginning of moving from a dominant, problem-saturated story line, to an emergent alternative story.

In a life-history perspective, epiphanies are thought of as turning points or marker events. In the therapy literature, there has been a growing interest for examining the moment-to-moment changes and how they relate to the micro-level of therapeutic influence.

Turning points and epiphanies are experienced as moments of intensity. We are in the process of developing a shared language about affect as an important dimension of the pivotal moments. Different theoretical traditions deal with affect differently; some separate it out as a distinct component; others treat affect as part of meaning.

Pivotal points take place as part of the transformative nature of therapy. They also take place as moments of learning during the training of therapists. Thus, a broad isomorphism or congruence occurs between practice and training that is illustrated here. Trainees can identify turning points in their learning during family sessions, as a result of watching the reflecting team, and in debriefings. The group reflections and group journal build on the question “What stood out for you today?” and are a way of eliciting highlights, or pivotal learning moments. While some of the pivotal learning moments for the trainees coincide with the epiphanies for the family members in therapy through a process of resonance, at other times, they do not, particularly at those times when no shift of meaning occurs for the family members.

c. The Critical Function of the Reflecting Team

The reflecting team is a significant component of this approach. Comments made by the trainees and field notes reflect on the ‘discovery’ made by the participants of the importance of the reflecting team, and how different this is from other types of therapy. This realization converged through the voices of the trainees, of family members, and of the Research Associate.

The reflecting team seems to assist in moving to an alternative story line and in contributing to the creation of new language and meaning. The reflecting team actively contributes to centering the client, and to supporting and introducing new language. The reflecting team is meant to be tentative, conversational and generative. It raises half-thoughts as tentative suggestions, which can be either taken up or discarded by the clients.

The reflecting team can amplify and witness the emergence of new meanings. Members of the reflecting team serve to broaden the audience. They can multiply the points of view and expand the range of possibilities by having each voicing their point of view.

Trainees repeatedly stated that the reflecting team complements and assists the therapist, which helps to disperse the authority and unhook the therapist from an all-knowing position. They also raised the question of whether and how to transfer the principles of the reflecting team in therapeutic settings that do not operate with reflecting teams.

Documented Moments of Practice, A Library of Videotapes

Documenting the family sessions and watching the videotapes in debriefing sessions made it possible to identify exemplary family sessions that illustrate core principles of practice. A chart was developed that lists videotapes of specific family interventions and the associated concepts. We have begun to compile a library of demonstration videotapes that illustrate transformative therapeutic interactions. These can be thought of as prototypes for teaching and training. They also serve as the initial research materials from which we can examine the micro-processes of therapy in greater detail.

Revisiting Therapy -- Research Follow-Up

Discussions in the research team led to innovative formulations about research procedures that would be consistent with the narrative approach.

Specifically, follow-up activities in therapy and in therapy research are considered important to track the effects of intervention over time, and in particular, beyond therapy. Follow-up measures have been generally thought of as outcome measures. In our project, follow-up has been reconceptualized as a procedure for “revisiting” with families, using their videotape, the pivotal events and epiphanies that occurred during therapy, seeing that those represent grounding moments of learning and of transformation.

A Comment on Isomorphism/Congruence

Repeated comments were made in the research team that spoke to the isomorphism or congruence between the activities of practice, training and research. Similar principles and processes were identified.

One of the implications has been that not only does practice feed into the research, but also the research procedures can directly inform practice. For instance, the group journaling activity which was originally introduced for the purpose of research, has become a regular activity in the program of training because of its congruence with the co-construction of narrative and the development of a shared community of meaning. In addition, the Narrative Concept Map will become a tool for Training and Education, and will be part of the training materials.

Dissemination

Dissemination of the preliminary phase of the project has taken the form of verbal communication through education, training, and conference activities. Written communication is occurring through web-site postings and through submissions for publication.

Graduate Education

Selected features of the project were shared on site with a graduate class of the Faculty of Social Work of the University of Toronto, on February 11, 2003, as part of the course on “Intersecting Narratives: Self, Institution and the Larger Context” (SWK 4803). Students witnessed a therapist group debriefing session, and were shown an exemplary family session tape that illustrates the opening of language and the emergence of an alternative narrative. The discussion was facilitated by the training staff and the group members, with particular input by the therapist-trainee who was the therapist in the tape. This activity may be systematized and further structured in future years.

Conference Presentation

Team members presented the highlights of the exploratory phase of the project -- the approach, core findings, and the concept map – in a Roundtable at the *Brief Therapy Network Conference* that was held in Toronto, on May 27, 2003. The project generated great interest on the part of the audience, and specific requests were made regarding the Concept Map.

Agency Dissemination

The Narrative Research project and the Concept Map were presented on September 17, 2003, at a *Social Work Staff Training Session* at a Catholic Family Services of Toronto, where staff are working within compatible approaches and are interested in further drawing from narrative therapy.

Publications

This text has been posted on several therapy and research websites: Brief Therapy Network, Hincks-Dellcrest Centre, the Centre for Applied Social Research (CASR) at the Faculty of Social Work of the University of Toronto. Additionally, some of the material will be expanded and submitted for publication.

Next Research Phase

Phase II of the project, corresponding to the pilot phase, is being launched in September 2003 and will run through June 2004. Team members will focus on the three main features identified in the preliminary phase: (a) the circulation of language within a session, (b) the turning point moments or epiphanies, (c) the activities and contribution of the reflecting team. The objectives of this second phase are to develop procedures to track moment-to-moment activities and transformation (particularly in narrative terms, and as they may relate to complementary approaches) and to link these features to therapy outcomes. Funding for this phase has been obtained in the form of a Royal Bank Doctoral Fellowship from the Faculty of Social Work of the University of Toronto for the academic year 2003-2004. A doctoral student will assist the project in this Pilot Phase. Additional sources of funding will be explored.